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FEB 1 3 2004

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	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/053,897	01/24/2002	Kazuo Suto	32014-177530	3818

TITLE OF INVENTION: MODULATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEI	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330 \$300		\$1630	02/17/2004	
EXA	MINER	ART UNIT	Γ	CLASS-SUBCLASS	]	
СНОЕ	, HENRY	2817		331-17700V		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		names of agents Of firm (haviagent) and	nting on the patent front page, up to 3 registered patent a R, alternatively, (2) the name ing as a member a registered d the names of up to 2 regist or agents. If no name is listented.	ttorneys or 1 VOLEN of a single attorney or 2 ered patent	TINE FRANCOS, PLLC	

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE	(b) RESIDENCE: (CITT all	MUSTATE OR COUNTRY)			
OKI ELECTRIC INDUSTRY CO., I	TOKYO, JAP	AN			
Please check the appropriate assignee category or categories (	will not be printed on the patent);	☐ individual X☐ corporation or other private group entity ☐	government		
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
x□ Issue Fee	A check in the amount	t of the fee(s) is enclosed.			
<b>№</b> Publication Fee	ee Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies5	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0238 (enclose an extra copy of this form).				
Director for Patents is requested to apply the Issue Fee and Pu	ablication Fee (if any) or to re-apply any	y previously paid issue fee to the application identified above.			
(Authorized Signature) ADAM C. VOLENTINE	(Date) 02/13/04	02/19/2004 GUODDOES 00000120 10053897			

ADMY C. VOLENTI	NE 02/13/04
1/12	#33,289
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## TRANȘMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) Docket No. (37 C.F.R. 1.311) **OKI.468** Applicant(s): Kazuo SUTO Filing Date Group Art Unit Serial No. Examiner Confirmation No. 10/053,897 Henry Choe 2817 3818 January 24, 2002 **MODULATOR** Invention: Mail Stop Issue Fee TO THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith are the following for the above-identified application. Issue Fee Transmittal Form PTOL-85 Utility Fee: ☐ Design Fee: ☐ Plant Fee: \$ 1330.00 ☑ Publication Fee: \$ 300.00 A check in the amount of \$1,645.00 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 50-0238 as described below. Charge the amount of Credit any overpayment. Charge any additional fee required. Dated: FEBRUARY 13, 2004 Signature ADAM C. VOLENTINE REG. NO. 33,289 **VOLENTINE FRANCOS, P.L.L.C.** 12200 SUNRISE VALLEY DRIVE, SUITE 150 RESTON, VA 20191 TEL. NO.: (703) 715-0870 CC: Certificate of Transmission by Facsimile This certificate may only be used if paying Certificate of Mailing by First Class Mail by deposit account. I certify that this document and authorization to charge I certify that this document and fee is being deposited deposit account is being facsimile transmitted to the United with the U.S. Postal Service as States Patent and Trademark Office (Fax No. first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Date Signature Signature of Person Mailing Correspondence Typed or Printed Name of Person Mailing Correspondence Typed or Printed Name of Person Signing Certificate